

**United States Army Student Detachment**  
**Finance In-Processing**  
**2015**

**SERVICE MEMBER INFORMATION**

Name:

Report date:

Grad/Completion date:

Rank:

SSN:

Program:

Component:

**REQUIRED DOCUMENTS:**

- ☐ PCS Orders and amendments (if applicable)
- ☐ (DA Form 31, Sep 1993) Request and Authority for leave (W/Control Number)
- ☐ (DA Form 5960, Sep 1990) Basic Allowance for Housing (BAH) formerly known as BAQ and VHA.
- ☐ (DD Form 1351-2, May 2011) Travel Voucher or Sub Voucher (Not Required for No-Cost Moves)
- ☐ Government Travel Charge Card (GTCC) Travel Card Program (Travel Card 101) training at <https://www.defensetravel.dod.mil/Passport/bin/Passport.html> (Provide Training Certificate with In-processing documents) (Current within two (2) years) (Mandatory)
- ☐ Government Travel Charge Card Program and Statement of Understanding
- ☐ Government Travel Charge Card Program Update your Information (Cardholders only)
- ☐ Individual Billed Account (IBA) Government Travel Card Application (Sep, 2014) (Non-cardholders)

**ADDITIONAL DOCUMENTS IF APPLICABLE:**

- ☐ (DD Form 2560, Mar 1990) Advance Pay Certification/Authorization
- ☐ Request for Temporary Lodging Allowance (TLA) with daily itemized lodging receipts (TLA memo/authorization form from local Embassy Housing Office)
- ☐ (DD Form 2367, May 1999) Individual Overseas Housing Allowance (OHA) Report
- ☐ (DD Form 2556, May 1999) Move-In Housing Allowance Claim (Receipts)
- ☐ (DD Form 1351-2C, Aug 1997) Travel Voucher or Sub Voucher (Continuation Sheet)
- ☐ (DFAS Form 9098, Aug 2009) Claim for Temporary Lodging Expense (TLE) w/daily itemized and signed lodging receipts (Provide full physical address in Block 43 for meals only claims)
- ☐ Most recent Foreign Language Proficiency Bonus (FLPB) order and signed DA Form 330 (Language Proficiency Questionnaire) result.
- ☐ Personally Procured Move (PPM) Settlements (formally known as DITY Moves) are processed for reimbursement by your locally designated Transportation Offices (see enclosed instructions).

I UNDERSTAND THAT NO ACTION/UPDATE WILL BE MADE TO MY FINANCE ACCOUNT UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED BY USASD FINANCE PERSONNEL.

**SM CONFIRMATION:**

SIGNATURE:

DATE:

REMARKS:

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)</small>				PRIVACY ACT STATEMENT																																													
<b>1. NAME (Last, First, MI)</b>  <b>2. SOCIAL SECURITY NUMBER</b> <b>3. GRADE</b>  <b>4. TYPE OF ACTION</b> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> START</td> <td><input type="checkbox"/> CANCEL</td> <td><input type="checkbox"/> CHANGE</td> <td><input type="checkbox"/> REPORT</td> </tr> <tr> <td><input type="checkbox"/> CORRECT</td> <td><input type="checkbox"/> STOP</td> <td><input type="checkbox"/> RECERTIFICATION</td> <td></td> </tr> </table>				<input type="checkbox"/> START	<input type="checkbox"/> CANCEL	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REPORT	<input type="checkbox"/> CORRECT	<input type="checkbox"/> STOP	<input type="checkbox"/> RECERTIFICATION		<b>AUTHORITY:</b> 37 USC 403; Public Law 96-343; EO 9397.  <b>PRINCIPLE PURPOSE:</b> To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).  <b>ROUTINE USE:</b> To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.  <b>DISCLOSURE IS VOLUNTARY:</b> Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.																																					
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<b>5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)</b>				<b>6. DATE/ACTION (YYYYMMDD)</b>		<b>7. BAQ TYPE</b> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> WITH DEPENDENTS</td> <td><input type="checkbox"/> PARTIAL</td> </tr> <tr> <td><input type="checkbox"/> WITHOUT DEPENDENTS</td> <td></td> </tr> </table>		<input type="checkbox"/> WITH DEPENDENTS	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> WITHOUT DEPENDENTS																																							
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<b>11. CERTIFICATION OF DEPENDENT SUPPORT</b> <input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.  <input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period																																																	
<b>12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> My permanent duty station:</td> <td><input type="checkbox"/> My dependent's location:</td> <td><input type="checkbox"/> Both my permanent duty station and dependent's location.</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>a. Monthly Expenses:</b>  <table style="width: 100%;"> <tr> <td><b>(1) Mortgage (PITI) or Rent</b></td> <td><b>Member</b></td> <td><b>Dependent</b></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td><b>(2) Insurance</b></td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td><b>(3) Other</b></td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td><b>TOTALS</b></td><td> </td><td> </td></tr> </table> </td> <td style="width: 50%;"> <b>b. Sharer/Lease Information</b>  <table style="width: 100%;"> <tr> <td><b>(1) Rental/Residential Address:</b></td> <td><b>c. Address Information</b></td> </tr> <tr><td> </td><td><b>(1) Landlord's Name and Address:</b></td></tr> <tr><td> </td><td> </td></tr> <tr> <td><b>(2) Effective Date:</b></td> <td><b>(3) Expiration Date:</b></td> </tr> <tr><td> </td><td> </td></tr> <tr><td><b>(2) Landlord's Phone No.</b></td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td><b>(4) Number of Sharers (show name(s) and address in block 10.)</b></td><td> </td></tr> </table> </td> </tr> </table>								<input type="checkbox"/> My permanent duty station:	<input type="checkbox"/> My dependent's location:	<input type="checkbox"/> Both my permanent duty station and dependent's location.	<b>a. Monthly Expenses:</b> <table style="width: 100%;"> <tr> <td><b>(1) Mortgage (PITI) or Rent</b></td> <td><b>Member</b></td> <td><b>Dependent</b></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td><b>(2) Insurance</b></td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td><b>(3) Other</b></td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td><b>TOTALS</b></td><td> </td><td> </td></tr> </table>	<b>(1) Mortgage (PITI) or Rent</b>	<b>Member</b>	<b>Dependent</b>				<b>(2) Insurance</b>						<b>(3) Other</b>						<b>TOTALS</b>			<b>b. Sharer/Lease Information</b> <table style="width: 100%;"> <tr> <td><b>(1) Rental/Residential Address:</b></td> <td><b>c. Address Information</b></td> </tr> <tr><td> </td><td><b>(1) Landlord's Name and Address:</b></td></tr> <tr><td> </td><td> </td></tr> <tr> <td><b>(2) Effective Date:</b></td> <td><b>(3) Expiration Date:</b></td> </tr> <tr><td> </td><td> </td></tr> <tr><td><b>(2) Landlord's Phone No.</b></td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td><b>(4) Number of Sharers (show name(s) and address in block 10.)</b></td><td> </td></tr> </table>	<b>(1) Rental/Residential Address:</b>	<b>c. Address Information</b>		<b>(1) Landlord's Name and Address:</b>			<b>(2) Effective Date:</b>	<b>(3) Expiration Date:</b>			<b>(2) Landlord's Phone No.</b>				<b>(4) Number of Sharers (show name(s) and address in block 10.)</b>	
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I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. <b>IMPORTANT:</b> Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.																																																	
<b>13. MEMBER'S SIGNATURE</b>				<b>14. DATE</b>		<b>15. CERTIFYING OFFICER'S SIGNATURE</b>		<b>16. DATE</b>																																									

<b>TRAVEL VOUCHER OR SUBVOUCHER</b>				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.																																																																																																																												
<b>1. PAYMENT</b> <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <b>NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.</b> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____																																																																																																																														
<b>2. NAME (Last, First, Middle Initial) (Print or type)</b>			<b>3. GRADE</b>		<b>4. SSN</b>		<b>5. TYPE OF PAYMENT (X as applicable)</b> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> TDY</span> <span><input type="checkbox"/> Member/Employee</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> PCS</span> <span><input type="checkbox"/> Other</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Dependent(s)</span> <span><input type="checkbox"/> DLA</span> </div>																																																																																																																									
<b>6. ADDRESS. a. NUMBER AND STREET</b>			<b>b. CITY</b>		<b>c. STATE</b>		<b>d. ZIP CODE</b>																																																																																																																									
<b>e. E-MAIL ADDRESS</b>							<b>10. FOR D.O. USE ONLY</b>																																																																																																																									
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>		<b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>		<b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b>		<b>a. D.O. VOUCHER NUMBER</b>																																																																																																																										
<b>11. ORGANIZATION AND STATION</b>				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b>		<b>b. SUBVOUCHER NUMBER</b>																																																																																																																										
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> ACCOMPANIED  <b>a. NAME (Last, First, Middle Initial)</b> </div> <div style="width: 45%;"> <input type="checkbox"/> UNACCOMPANIED  <b>b. RELATIONSHIP</b> </div> </div> <b>c. DATE OF BIRTH OR MARRIAGE</b>						<b>c. PAID BY</b>																																																																																																																										
<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)						<b>d. COMPUTATIONS</b>																																																																																																																										
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## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 301; Departmental Regulations; 37 U.S.C. Section 404, Travel and Transportation Allowances, General; DoD Directive 5154.29, DoD Pay and Allowance Policy and Procedures; Department of Defense Financial Management Regulation (DoDFMR) 7000.14.R., Volume 9; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To provide an automated means for computing reimbursements for individuals for expenses incurred incident to travel for official Government business purposes and to account for such payments.

Applicable SORN: T7333 (<http://privacy.defense.gov/notices/dfas/T7333.shtml>).

**ROUTINE USE(S):** Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy, and to avoid redundancy. Applicable SORN: <http://dpclo.defense.gov/privacy/SORNS/component/dfas/preamble.html>.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information may result in total or partial denial of the amount claimed. The Social Security Number is requested to facilitate the possible collection of indebtedness or credit to the DoD traveler's pay account for any residual or shortage.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

### ITEM 16. LODGING COST

Enter the total cost for lodging.

### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

### 29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

# GOVERNMENT TRAVEL CHARGE CARD PROGRAM

## Overview

The DoD Government Travel Charge Card (GTCC) Program provides travelers an effective, convenient, and commercially available method to pay for expenses related to official travel.

## Policy

Use is mandatory for all personnel (military or civilian) to pay for ALL official travel costs for TDY/TAD and PCS (where applicable).

The travel card is intended for official travel-related use only and using the card for personal purchases or to cover another traveler's expenses is prohibited.

## Features

**Online and Mobile Account Management** — Access your GTCC account anytime, from anywhere using CitiManager. Through CitiManager you can:

- View statement activity and check balance
- View monthly statements
- Make payments
- Set up and manage email/mobile alerts
- Update contact information

Go to [www.citimanager.com](http://www.citimanager.com) to register for an account.

**Paperless Statements** — Elect to receive electronic statements online via CitiManager instead of waiting on a paper statement to arrive in the mail.

**Automated Card Status Check** — Your card may be de-activated for use when you are not in official government travel status. When you get ready to book travel, verify that your card is ready to accept charges without having to speak to a representative. Just the call Citi customer service number on the back of your card and follow the prompts.

## Customer Support

- Agency Program Coordinators (APCs) are the primary points of contact for travel card information.
- Citi Customer Service: 1-800-200-7056 (call collect from outside the U.S. 757-852-9076)

## Training

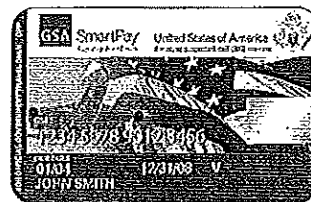
Training is available for cardholders and APCs through Travel Explorer (TraX), DTMO's web portal, at [www.defensetravel.dod.mil/passport](http://www.defensetravel.dod.mil/passport).

- "Programs and Policies — Travel Card Program (Travel Card 101)" mandatory training for cardholders
- Travel Card Program Management training for APCs

## Traveler Benefits

- No need to use personal funds for mission-related travel expenses
- No interest charges
- Delayed late fees
- Extended payment terms
- Insurance coverage for rental car, lost luggage and personal injury
- Streamlined payment with Defense Travel System (DTS) split disbursement
- Online and mobile account management

*If you receive a new card, remember to update your GTCC information in your DTS user profile.*



**DEFENSE TRAVEL MANAGEMENT OFFICE**  
*The DoD Center for Travel Excellence*

\*Information current as of 10/2014

[www.defensetravel.dod.mil](http://www.defensetravel.dod.mil)



DEPARTMENT OF DEFENSE (DoD) STATEMENT OF  
UNDERSTANDING  
GOVERNMENT TRAVEL CHARGE CARD PROGRAM

I certify that I have read the attached DoD government travel card policy and procedures in DoDFMR 7000.14-R, VOL 9, CH 3 ([http://comptroller.defense.gov/Portals/45/documents/fmr/Volume\\_09.pdf](http://comptroller.defense.gov/Portals/45/documents/fmr/Volume_09.pdf)). The DoD policy is that the Government Travel Charge Card (GTCC) will be used by all DoD personnel (military or civilian) to pay for all costs related to official government travel. Official government travel is defined as travel under official orders while performing duties pertaining to official government assignments such as temporary duty (TDY) and permanent change of station (PCS). The purpose of the GTCC is to serve as the primary payment method for official travel expenses incurred by DoD personnel (military or civilian) and it also allows the cardholder access to the GSA City Pair Program. The GTCC reduces the need to issue traditional travel advances (cash/electronic funds transfer), eliminates the need for the traveler to pay for their own expenses, and provides financial readiness to DoD personnel (military or civilian). Refer to the Travel and Transportation Reform Act of 1998 (TTRA), Public Law 105-264 for additional information regarding mandatory use of the travel card. I also understand that I am authorized to use the card only for these necessary and reasonable expenses incurred by me for official travel. I will abide by these instructions issued by the Department.

The above limitation on card usage also applies to automated teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed the cash limits established on the card. If my account is not delinquent and my travel orders authorize a larger advance, I can request an increase in the ATM limit through the Agency Program Coordinator (APC). I will, however, endeavor to charge expenses to the account wherever feasible rather than use cash withdrawals.

I understand the Department's policy requires mandatory use of split disbursement for all outstanding charges on the travel card for military personnel and civilian personnel where labor bargaining obligations have been met. I understand that the issuance of this GTCC to me is an extension of the employee/employer relationship and that I am being specifically directed to:

Abide by all rules and regulations with respect to the GTCC.

- ☐ Activate my GTCC upon receipt.
- ☐ Pay all undisputed charges by the due date on the monthly billing statement.
- ☐ File travel vouchers promptly within appropriate guidelines.
- ☐ Notify the APC of any problems with respect to my usage of the GTCC.
- ☐ Ensure my contact information in DTS and with the travel card vendor is kept current.
- ☐ Notify the travel card vendor and the APC if my GTCC is lost or stolen.

(Card applicants must check off all the above provisions.)

I also understand that failure on my part to abide by these rules or otherwise misuse the GTCC may result in disciplinary action being taken against me. I also acknowledge the right of the travel card vendor and/or the APC to revoke or suspend my GTCC privileges if I fail to abide by the terms of this agreement or the cardholder agreement with the travel card vendor.

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Applicant's Signature:

---

Supervisor's Signature:

# CITI

## Government Travel Charge Card (GTCC)

### To update your GTCC information:

1. Contact CITI toll-free at 1-800-200-7056, collect at (757) 852-9076 or you may send an email to [dodtravelcard@citi.com](mailto:dodtravelcard@citi.com). Please allow three business days for them to respond. Provide your new residential address, business and residence telephone number.

2. Please provide the United States Army Student Detachment (USASD) Agency Program Coordinator with the following information to transfer your account to our hierarchy level.

Rank/Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Travel Card Account: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Address: \_\_\_\_\_

AKO Email Address: \_\_\_\_\_

3. Incomplete forms will not be processed. A completed form must be on file at USASD in order for the GTCC to be activated.
4. Your GTCC account will remain with you during your permanent change of station move. **Do not destroy your GTCC.**
5. Renewed cards will be sent no earlier than 40 calendar days before the expiration date of the existing card and no later than 20 calendar days before the expiration date to the current residential address on file.
6. For GTCC questions, please contact USASD Agency Program Coordinator at (803)751-5393/6542/5564/4340 or visit the USASD Military Pay webpage at <http://usasd.armylive.dodlive.mil/out-processing-2/>.







# Individually Billed Account Travel Card Set Up Form

## Citibank® Government Travel Card Program

### Section III: Cardholder Signature & Agreement (To be completed by employee. \* = Required fields)

Signature & Agreement*	By signing below, I: (i) acknowledge I have read the Citi® Department of Defense Services Travel Card Program Cardholder Agreement; (ii) agree to be bound by the terms and conditions as set forth in the Agreement; and (iii) understand that only the Department of Defense may request particular Authorization Parameters (Section III). This application is for a Department of Defense Travel Card account, which may be standard or restricted, as described in the Cardholder Agreement. I expressly agree to accept whichever type of account is established. Pursuant to requirements of law, including the U.S.A. PATRIOT ACT, the bank is required to request additional information to verify your identity.		
	<i>IMPORTANT INFORMATION about opening a new Citibank® Corporate Travel Card account: To help the United States Government fight terrorism and money laundering, Federal law requires us or your employer to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we or your employer will ask for your name, a street address, date of birth, and an identification number, such as a Social Security number, that Federal law requires us or your employer to obtain. We or your employer may also ask to see your driver's license or other identifying documents that will allow us or your employer identifies you. We appreciate your cooperation.</i>		
	8. Applicant's Signature*		9. Date*
	10. Credit Report Authorization* (Initial one)	A. I, as the cardholder, authorize the bank to obtain credit reports on me as described in the agreement	B. I, as the cardholder, DO NOT authorize the bank to obtain credit reports on me. Therefore, I will not be eligible for a standard card.
11. Approving Supervisor's Signature*		12. Date*	

### Section IV: Account Specification (To be completed by APC. \* = Required fields)

13. <input type="checkbox"/> Restricted by APC (See detailed instructions pages 2-4)	
a) Date to Activate (mm/dd/yyyy)	b) Date to Deactivate (mm/dd/yyyy)

### Section V: Authorization (To be completed by APC. \* = Required fields)

14. Authorized APC*	By signing below, I hereby authorize, on behalf of the Agency/Organization Indicated above, that a Department of Defense Travel Card be issued to the employee named in Section I of this application. PLEASE RETAIN A COPY FOR YOUR RECORDS.		
	APC Name (type or print)*	E-mail Address*	
	APC Signature*	Date*	
	Commercial Office Phone*	( )	

# ADVANCE PAY CERTIFICATION/AUTHORIZATION

## Privacy Act Statement

**AUTHORITY:** 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

**PRINCIPAL PURPOSES:** To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

**ROUTINE USES:** Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

**DISCLOSURE:** Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

### PART I. REQUEST

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NO.	3. GRADE
4. I REQUEST:		5. I REQUEST A REPAYMENT SCHEDULE OF:	
a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.)		a. 12 MONTHS OR LESS (Specify number of months)	
b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) \$		b. 13 - 24 MONTHS (Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)	
		6. I REQUEST PAYMENT OF THE ADVANCE PAY:	
		a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS.	
		b. 31 - 90 DAYS BEFORE MY PCS (Parts II and V must be completed.)	
		c. 61 - 180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed.)	

### PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)

7. EXPENSE	8. AMOUNT	10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after).
a.	\$	
b.	\$	
c.	\$	
d.	\$	
e.	\$	
f.	\$	
9. TOTAL		\$ 0.00

### PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK

(Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

11. NO. OF DEPENDENTS	12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.)
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### PART IV. MEMBER CERTIFICATION

**Penalty:** The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

13. SIGNATURE	14. DATE (YYMMDD)
---------------	-------------------

### PART V. APPROVAL OF MEMBER'S COMMANDER

15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:		16. WITH LIQUIDATION OVER:		17. AND PAYMENT OF THIS ADVANCE:	
a. ONE MONTH BASIC PAY LESS DEDUCTIONS		a. 12 MONTHS OR LESS (Specify number of months)		a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING AT PDS	
b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$		b. 13 - 24 MONTHS (Specify number of months)		b. NOT PRIOR TO _____ (date) WHICH IS 31 - 90 DAYS BEFORE PCS	
				c. 61 - 180 DAYS AFTER REPORTING TO NEW PDS	
18. APPROVING OFFICIAL NAME (Last, First, Middle Initial)			19. SIGNATURE OF OFFICIAL		
20. TITLE		21. GRADE		22. DATE (YYMMDD)	

23. REMARKS

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

**AIR FORCE MEMBERS ONLY:** E4/SRA and below must have Commander's approval for all PCS advance pay payments.

<b>INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT</b> <i>Before completing, read Privacy Act Statement and Warning on reverse side.</i>		<b>INTERAGENCY REPORT CONTROL NUMBER</b> 0374-DOD-AR <b>REPORT CONTROL SYMBOL</b> DD-P&R(AR)1697	
<b>PART A - IDENTIFICATION AND HOUSING INFORMATION</b>			
<b>1. SERVICEMEMBER</b> a. NAME (Last, First, Middle Initial) b. PAY GRADE c. SSN d. DUTY STATION OR HOMEPORT (1) Station Name (2) City (3) Country (4) Duty Phone		<b>3. SERVICEMEMBER'S RESIDENCE ADDRESS</b> (Street, Apt. No., City, Country) <b>4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT</b> (YYYYMMDD) <b>5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID?</b> (X one) <i>(See Instructions on reverse side if you pay rent three or more months in advance.)</i> a. LOCAL CURRENCY (Specify name of currency. Report amount in item 6.) b. U.S. DOLLARS <b>6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5.</b> a. LEASED/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.) b. OWNED (Enter original purchase price. Include only cost of home, EXCLUDE closing costs, taxes, etc.)	
<b>2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE?</b> (X one) YES (Specify location) NO or NOT APPLICABLE		<b>HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.</b> <b>7. UTILITIES</b> (Excluding telephone) (X appropriate block) a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD. c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.) (1) Electricity (2) Heating (3) Air conditioning (X if window units used and landlord provides electricity.) (4) Water or Sewer (5) Trash Disposal	
<b>8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.)</b> X a. MYSELF b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1") c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number) d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number) e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number) <b>TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer").</b>		1 1 1	
<b>9. If Block 8.b. or 8.d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse.</b>			
<b>PART B - CERTIFICATIONS</b>			
<b>10. SERVICEMEMBER. I certify that:</b> a. The information I have reported is true and correct. b. I will immediately inform my commanding officer if any changes occur to the information I have reported. c. The attached copy of my housing lease/rental/sale agreement (or certification from landlord) is true and correct, if applicable. d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable. e. SIGNATURE f. DATE SIGNED (YYYYMMDD)		<b>11. HOUSING OFFICER or APPROPRIATE OFFICIAL.</b> I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported. a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one) (1) Yes (2) No If Yes, entitlement is: (a) Initial (b) Subsequent b. SIGNATURE c. DATE SIGNED (YYYYMMDD) d. TITLE	
<b>12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes.</b>			
a. TYPE HOUSING ALLOWANCE ACTION (X one) (1) Start (2) Change (3) Stop (4) Correct (5) *Cancel (6) *Report *For Air Force use only		b. MIHA/MISCELLANEOUS ENTITLEMENT (X one) (1) Initial (2) Subsequent (3) None c. EFFECTIVE DATE OF ACTION (YYYYMMDD)	
d. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION? e. SIGNATURE f. TITLE		(1) Yes (2) No g. DATE SIGNED (YYYYMMDD)	

## PRIVACY ACT STATEMENT

**AUTHORITY:** 37 USC Section 405, and EO 9397.

**PRINCIPAL PURPOSE(S):** To determine eligibility for, to start, adjust or terminate Overseas Housing Allowance.

**ROUTINE USE(S):** In addition to being used by officials and employees of the applicant's Uniformed Service in determining eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, members of Congress, State and local government, and U.S. and State courts.

**DISCLOSURE:** Voluntary; however, failure to provide SSN may preclude timely consideration of your request for an allowance determination.

**WARNING:** Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.

### SPECIAL INSTRUCTIONS FOR MEMBERS PAYING THREE OR MORE MONTHS RENT IN ADVANCE

In certain countries it is customary to pay advance rent rather than month-to-month rent. If you pay your rent more than three months in advance, X block 5b. (U.S. Dollars) even though you paid your advance rent in local currency. In Part C, "Remarks," enter the following information:

- (1) "Rent paid \_\_\_\_\_ months in advance."
- (2) Amount of advance rent (in local currency, if that is how you paid).
- (3) Exchange rate at which you converted your dollars to local currency to pay the advance rent, if applicable.

Compute monthly rent as follows and report in Item 6.a.:

- (1) Divide advance rent by number of months rent paid in advance to determine monthly rent.

- (2) If applicable, convert monthly rent to dollars by dividing by exchange rate at which you converted your dollars to local currency.

Those paying rent in advance should realize that rental ceilings set by the Department of Defense may decrease due to periodic exchange rate fluctuations. Accordingly, their OHA, which is computed as a monthly entitlement, may also decrease during the months when rental payments are not actually being made.

If upon expiration of the advance rental period the member must again pay rent three or more months in advance, another DD Form 2367 must be completed unless the derived rental amount previously reported in Item 6.a. remains unchanged.

### PART C - REMARKS

<b>MOVE-IN HOUSING ALLOWANCE CLAIM</b> FOR PERSONNEL OCCUPYING PRIVATELY LEASED/OWNED QUARTERS OVERSEAS <i>(Read Warning, Privacy Act Statement, and Instructions on reverse before completion)</i>		INTERAGENCY REPORT CONTROL NUMBER 0370-DOD-AR REPORT CONTROL SYMBOL DD-P&R(AR)1834	
<b>PART A - SERVICEMEMBER IDENTIFICATION AND RESIDENCE INFORMATION</b>			
1. NAME (Last, First, Middle Initial)		2. GRADE	3. SOCIAL SECURITY NUMBER
4. DUTY LOCATION OR HOMEPORT a. STATION NAME		b. LOCATION CODE (Official Use)	5. RESIDENCE ADDRESS (Street, Apt. No., City, Country)
c. CITY	d. COUNTRY	e. DUTY TELEPHONE NO.	
<b>PARTS B - C - EXPENSES ASSOCIATED WITH OCCUPYING RENTED/OWNED QUARTERS</b>			
a. <b>EXPENSE ITEMS</b> <i>(List all expense items in Parts B and C below. Enter "None" if appropriate. If a sharer, only one sharer may report an expense item. Report all amounts in dollars and cents. Refer to Instructions and Appendix N, JFTR, to determine what can and cannot be reported.)</i>		b. <b>AMOUNT CLAIMED</b> <i>(If payment made in foreign currency, convert to dollars at actual conversion rate.)</i>	c. <b>AMOUNT ALLOWED</b> <i>(If certifier excludes any amount, provide explanation on separate sheet.) (Official Use)</i>
<b>PART B - RENT-RELATED EXPENSES (Not applicable to homeowners)</b>			
6. PART B SUBTOTAL (Official Use) →			0.00
<b>PART C - SECURITY-RELATED EXPENSES (Allowed only in selected areas. See Appendix N.)</b>			
7. PART C SUBTOTAL (Official Use) →			0.00
<b>PART D - REIMBURSEMENT TO MEMBER (Official use only. Servicemember - skip to Part E.)</b>			
8. AMOUNT FROM LINE 6			0.00
9. AMOUNT FROM LINE 7			0.00
10. AMOUNT DUE MEMBER (Sum of Lines 8 and 9)			\$0.00
<b>PART E - CERTIFICATIONS</b>			
11. SERVICEMEMBER. I certify that the information reported in Parts A - C is true and correct.			
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)
12. HOUSING OFFICER OR DESIGNATED AUTHORIZING/APPROVING OFFICIAL. I have reviewed this claim and certify that information was properly reported. I have entered monthly rent (in dollars using Part B conversion rate, if appropriate) and total sharers from member's DD Form 2367. (If homeowner, report "rent" as original purchase price divided by 120.)			
a. RENT	b. TOTAL SHARERS	c. TITLE	
d. SIGNATURE			e. DATE SIGNED (YYYYMMDD)

**WARNING:** Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 5, 37 U.S. Code, Section 405, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** To determine eligibility for and authorize payment of selected one-time costs associated with occupying privately leased/owned housing.

**ROUTINE USE(S):** In addition to being used by officials and in determining payment eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining payments, and to other Federal agencies, members of Congress, State and Local government, and U.S. and State courts.

**DISCLOSURE:** Voluntary; however, failure to provide the SSN may preclude timely consideration of your request for payment determination.

### INSTRUCTIONS

Entitlement claims for the Move-In Housing Allowance (MIHA) are covered by two forms. This form covers qualifying rent- and security-related expenses (Parts B and C) and should be completed only if the member incurs such expenses. Miscellaneous expenses are covered by the DD Form 2367, "Individual Overseas Housing Allowance (OHA) Report" (Part C). To qualify for MIHA, a member must be eligible for the Overseas Housing Allowance (OHA). Additional rules and detailed instructions for completing this form and DD Form 2367, Part C, are contained in Appendix N, Joint Federal Travel Regulations (JFTR), Volume I. To qualify for full or partial reimbursement for Part B or C expenses, receipts/documents showing actual costs must be provided. If expense reported in Part B or C is incurred in foreign currency, convert to dollars using the rate member actually converted dollars to foreign currency. If the member is a "sharer" under the OHA program, only one sharer can claim an individual Part B or C expense. Members may submit more than one form while assigned to a duty location (e.g., to claim rent-related expenses (Part B), then again to claim security expenses (Part C)).

The Move-In Housing Allowance (MIHA) covers only reasonable costs. Accordingly, the Services place a significant responsibility on the approving official to exclude extraordinary, unjustifiable expenses.

There are three MIHA categories:

**MIHA/Rent** (covered by Part B). These are typically one-time, non-refundable charges levied by the landlord/agent or a foreign government which the member must pay before or upon occupying the unit. Examples are real estate agent's fees, redecoration fees, and one-time lease taxes. Refundable security deposits and advance rental payments cannot be reported. Recurring costs are also excluded.

**MIHA/Security** (covered by Part C). This part may be completed only by members assigned to areas where dwellings must be modified to minimize exposure to terrorist threat. Qualifying areas are listed in Appendix N of the JFTR. Examples of permissible items are security doors, bars, locks, lights, and alarm systems. Expenditures which are not related to the physical dwelling, such as for personal security guards or dogs, are not permitted.

**MIHA/Miscellaneous** (covered by Part C, DD Form 2367). This category reflects average expenditures made by members to make their dwellings habitable. This lump-sum payment (receipts not required) recognizes that items such as sinks, toilets, light fixtures, kitchen cabinets, door/window locks, and a refrigerator and stove are sometimes not provided in overseas dwellings. The amount payable is prescribed in Appendix K of the JFTR. Only one payment is authorized at a duty station unless special provisions contained in Appendix N apply.





# CLAIM FOR TEMPORARY LODGING EXPENSE

## PRIVACY ACT STATEMENT

**Authority:** 5 U.S.C. 301, Departmental Regulations, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol 9, Joint Federal Travel Regulation (JFTR) Vol 1, Chapter 5, Part H, and E. O. 9397 (SSN).

**Purpose:** To substantiate and evaluate the amount claimed for Temporary Lodging Expenses.

**Routine Use(s):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the DFAS compilation of systems of records notices apply.

**Disclosure:** Voluntary, however, failure to provide the requested information may result in a delay or suspension of your claim(s) for reimbursement.

1. RANK	2. LAST NAME	3. FIRST NAME	4. SSN	5. PHONE NUMBER
6. STREET ADDRESS		7. CITY	8. STATE	9. ZIP
10. CURRENT UNIT ASSIGNMENT				11. PHONE NUMBER
12. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> DUAL MILITARY		13. IF MILITARY, SPOUSE'S SSN	14. SPOUSE'S CURRENT DUTY STATION	
15. DID YOU STAY IN OFF-POST LODGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. STATEMENT OF NON-AVAILABILITY # (Without an SNA# from housing you are only authorized reimbursement for the on-post rate)		

### SECTION I - LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:

ADD ROW	17. NAME	18. RELATIONSHIP	19. DATE OF MARRIAGE	20. DATE OF BIRTH
REMOVE ROW				
REMOVE ROW				

21. DATE HHG PICKED UP	22. DATE HHG DELIVERED	23. DID YOU DO A DITY MOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. IF YES, WHAT DATE?
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### SECTION II - LODGING INFORMATION

**PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.**

IF YOU NEED MORE DAYS PUSH THE <span style="border: 1px solid black; padding: 2px;">ADD ROW</span> BUTTON BELOW.									
25. FROM DATE	26. TO DATE	27. NO. OF DAYS	28. LOCATION OF LODGING CITY		STATE	29. MEALS ONLY/PER DIEM <input type="checkbox"/> YES <input type="checkbox"/> NO	30. DAILY LODGING COSTS	31. NUMBER OF PERSONS CLAIMED SM      OVER 12      UNDER 12	
						<input type="checkbox"/> YES <input type="checkbox"/> NO			
						<input type="checkbox"/> YES <input type="checkbox"/> NO			
32. DATE TERMINATED QUARTERS (IF APPLICABLE)						33. DATE ASSIGNED QUARTERS (IF APPLICABLE)			
34. DEPARTURE DATE FROM OLD DUTY STATION						35. ARRIVAL DATE AT NEW DUTY STATION			
I hereby certify that I was required to obtain temporary lodging for the days noted above:									
36. DATE OF SIGNATURE			37. PRINTED NAME			38. SIGNATURE			
THIS DEPOSIT WILL BE MADE ELECTRONICALLY TO YOUR PAYROLL DIRECT DEPOSIT ACCOUNT.									
39. DATE OF SIGNATURE			40. TIME		41. PRINTED NAME OF FINANCE CLERK		42. SIGNATURE OF FINANCE CLERK		
43. COMMENTS									

## PERSONALLY PROCURED MOVE (PPM) Settlement Instructions

PPMs are to be settled by the destination transportation office, regardless of branch of service. Check block 4h of the DD Form 2278 for your responsible transportation office. This also applies to postal and storage reimbursements.

If there is any confusion on where to take/send your documents visit the Defense Personal Property System (DPS) website at  
[http://www.move.mil/common/locator\\_maps/transportation\\_offices.cfm](http://www.move.mil/common/locator_maps/transportation_offices.cfm).

- Choose your state
- Choose the transportation office you feel is closest. Contact information will be provided in the drop down Menu.

PPM packets should include the documents listed below along with this checklist:

- ☐ DD Form 2278 (Application For Do It Yourself Move And Counseling Checklist)
- ☐ DD Form 1351-2 (Travel Voucher or Subvoucher) Complete blocks 4 thru 11, and 20.
- ☐ Weight tickets - Loaded and empty tickets must include: The identity of the vehicle weighed, the member's name and weigh master's signature.
- ☐ Advance Voucher - Only if you received an advance payment for the PPM.
- ☐ Expense Claim Form - Completed and signed.
- ☐ Truck/Trailer Rental Receipts - Submit receipts for the pick-up and turn-in.
- ☐ Receipts (claimable expenses).
  - **CLAIMABLE** expenses include rental vehicles, packing materials, gas, tolls, etc.
  - **NOT CLAIMABLE** include but is not limited to, tow bars, auto transporters, INSURANCE, SALES TAX, FOOD AND LODGING.